

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

09774555

01-31-01

APPLICANT(S)

7-11-04 2-11-05 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2		/		/		/
3		/		/		/
4		/		/		/
5		/		/		/
6		/		/		/
7		/		/		/
8		/		/		/
9		/		/		/
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34		/		/		/
35		/		/		/
36		/		/		/
37		/		/		/
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39		/		/		/
40		/		/		/
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43		/		/		/
44	/		/		/	
45						
46						
47						
48						
49						
50						
TOTAL IND.	4		4		4	
TOTAL DEP.	40		40		40	
TOTAL CLAIMS	44		44		44	

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100												
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TOTAL DEP.												
TOTAL CLAIMS												